

FILED JUN 7 1957

STANDARD CERTIFICATE OF DEATH

19198 State File No.

Registar's No. 4935

BIRTH NO.

REG. DIST. NO.

318

PRIMARY REG. DIST. NO.

1003

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, write RURAL and give township)
St Louis

c. LENGTH OF STAY (in this place)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE

Missouri

b. COUNTY

c. CITY OR TOWN
St Louisd. Is Residence within limits of a city or incorporated town?
Yes ☐ No ☐d. FULL NAME OF HOSPITAL OR INSTITUTION
City Hospitale. STREET ADDRESS (If rural, give location)
714 Barry Street

3. NAME OF DECEASED (Type or Print)

a. (First)

Max

b. (Middle)

Matt

c. (Last)

Regert

4. DATE OF DEATH

(Month)

May

(Day)

20

(Year)

1957

5. SEX

Male

6. COLOR OR RACE

White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

Sept 5 1903

9. AGE (In years last birthday)

53

10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Labor

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and State or Foreign Country)

St Louis Missouri

12. CITIZEN OF WHAT COUNTRY?

U S

13a. FATHER'S NAME

Joseph Regert

13b. MOTHER'S MAIDEN NAME

Unknown

14. NAME OF HUSBAND OR WIFE

None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

Yes

1923

16. SOCIAL SECURITY NO.

17. INFORMANT'S SIGNATURE OR NAME

Mike Loretta 911 Geyer Ave

ADDRESS

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

MEDICAL CERTIFICATION

Subdural Hematoma

INTERVAL BETWEEN ONSET AND DEATH

*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.

Suffered when deceased fell down inside steps of

Passenger in Elevator at 2000 S

2nd Street on 5/18/57

about 5:10 pm.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21a. ACCIDENT (Specify)

Accident

21b. PLACE OF INJURY (e.g., in or about home, store, factory, market, office bldg., etc.)

2nd Street

21c. (CITY, TOWN, OR TOWNSHIP)

St Louis Mo

(COUNTY)

(STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)

5 18 57 5 pm

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

000 E 900. 6 45

22. I hereby certify that I attended the deceased from 19 P, to 19, that I last saw the deceased alive on 19, and that death occurred at 5:10 p.m., from the causes and on the date stated above.

23a. SIGNATURE

James M Kelly

(Date of title)

23b. ADDRESS

1300 Clark

23c. DATE SIGNED

5-27-57

24a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

24b. DATE

5/27/57

24c. NAME OF CEMETERY OR CREMATORY

National Cemetery

24d. LOCATION (City, town, or county)

Jefferson Brks Mo

(State)

DATE REC'D BY LOCAL REG.

MAY 27 57

REGISTRAR'S SIGNATURE

Carl Smith M.D.

25. FUNERAL DIRECTOR'S SIGNATURE

Moydell Funeral Home 1926 Allen Ave

ADDRESS

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
by me, or by me, Student Embalmer No.
working under my personal supervision..

Student
Signature of Student Embalmer

Signed

George Svoboda Jr.
Licensed Embalmer No. 4899

P. O. Address 1976 Allen

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.